

RECEIVED
CENTRAL FAX CENTER

MAY 29 2007

Attorney Docket No.: P-6166-US

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original and first sole inventor or an original and first joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IN-VIVO SENSING DEVICE WITH DETACHABLE PART

the Specification of which



is attached hereto

was filed on June 30, 2006

as United States Application Number or PCT International

Application No. 10/585,053

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FILED APPLICATION(S)

<u>APPLICATION NUMBER</u>	<u>COUNTRY</u>	<u>(DAY/MONTH/YEAR FILED)</u>	<u>PRIORITY CLAIMED</u>
PCT/IL2004/001183	IL	29 December 2004	YES
60/533,227	US	31 December 2003	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56, which

**RECEIVED
CENTRAL FAX CENTER****MAY 29 2007**

Attorney Docket No.: P-6166-US

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>APPLICATION NO.</u>	<u>FILING DATE (DAY/MONTH/YEAR)</u>	<u>STATUS - PATENTED, PENDING, ABANDONED</u>
----------------------------	---	--

I hereby appoint as my attorney(s) and agent(s) Mark S. Cohen (Attorney, Registration No. 42,425) or Caleb Pollack (Attorney, Registration No. 37,912) or Guy Yonay (Attorney, Registration No. 52,388) or Guy Levi (Attorney, Registration No. 55,376) or Rachel Teitelbaum (Agent, Registration No. 56,708) or David A. Loewenstein (Attorney, Registration No. 35,591) or Robert D. Schaffer (Attorney, Registration No. 33,775) or Michael A. Yamin (Agent, Registration No. 44,414) or Marc Tritel (Agent, Registration No. 59,336) or Lee A. Goldberg (Attorney, Registration No. 38,894) or Cheryl J. Schindler (Agent, Registration No. 59,848) or Morey B. Wildes (Attorney, Registration No. 36,968), said attorney(s) and agent(s) with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. These attorneys and agents are associated with Customer Number 49443.

Please address all correspondence regarding this application to:

PEARL COHEN ZEDEK LATZER, LLP
1500 BROADWAY, 12TH FLOOR
NEW YORK, NEW YORK 10036

Customer No. 49443

Direct all telephone calls to (646) 878-0800 and all facsimiles to (646) 878-0801.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: FRISCH, Mordechai

FULL RESIDENCE ADDRESS: 14 Hashiloah Street, Moreshet 20186, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE 17 04 2007
(day / month / year)

Attorney Docket No.: P-6166-US

FULL NAME OF INVENTOR: GILAD, Zvika

FULL RESIDENCE ADDRESS: 19 Moshe Sna, Hod Hacarmel, Haifa 34987, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR W/p 23DATE 12/05/07
(day / month / year)

FULL NAME OF INVENTOR: IDAN, Gavriel J.

FULL RESIDENCE ADDRESS: 44A Einstein Street, Haifa 34602, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: GLUKHOVSKY, Arkady

FULL RESIDENCE ADDRESS: 23541 Via Amado, Santa Clarita, CA 91355, USA

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

Attorney Docket No. P-6166-US

FULL NAME OF INVENTOR: GILAD, Zvika

FULL RESIDENCE ADDRESS: 19 Meahe Soc, Hod Hacarmel, Haifa 34987, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: IDAN, Gavriel J.

FULL RESIDENCE ADDRESS: 44A Einstein Street, Haifa 34602, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR Gavriel IdanDATE 08 05 2007
(day / month / year)

FULL NAME OF INVENTOR: GLUKHOVSKY, Arkady

FULL RESIDENCE ADDRESS: 23541 Via Amado Santa Clarita, CA 91355,
USA

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

Attorney Docket No.: P-6166-US

FULL NAME OF INVENTOR: GILAD, Zvika

FULL RESIDENCE ADDRESS: 19 Moshe Sne, Hod Hacarmel, Haifa 34987, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: IDDAN, Gavriel J.

FULL RESIDENCE ADDRESS: 44A Einstein Street, Haifa 34602, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: GLUKHOVSKY, Arkady

FULL RESIDENCE ADDRESS: 23541 Via Amado, Santa Clarita, CA 91355, USA

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR  _____DATE 12/5/2007
(day / month / year)

Attorney Docket No.: P-6166-US

FULL NAME OF INVENTOR: **DAVIDSON, Tal**FULL RESIDENCE ADDRESS: **4/1 Hermon Street, Yoqneam Illit 20692, Israel**COUNTRY OF CITIZENSHIP: **Israel**FULL POST OFFICE ADDRESS: **same**SIGNATURE OF INVENTOR _____ DATE 28/5/07
(day / month / year)FULL NAME OF INVENTOR: **GAT, Daniel**FULL RESIDENCE ADDRESS: **5 HaAarava Street, Nesher, Haifa 36863, Israel**COUNTRY OF CITIZENSHIP: **Israel**FULL POST OFFICE ADDRESS: **same**

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)FULL NAME OF INVENTOR: **RABINOVITZ, Raphael**FULL RESIDENCE ADDRESS: **3 Ostrovski Street, Raanana 43603, Israel**COUNTRY OF CITIZENSHIP: **Israel**FULL POST OFFICE ADDRESS: **same**

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

Attorney Docket No.: P-6166-US

FULL NAME OF INVENTOR: **DAVIDSON, Tal**FULL RESIDENCE ADDRESS: **4/1 Harmon Street, Yoqneam Illit 20692, Israel**COUNTRY OF CITIZENSHIP: **Israel**FULL POST OFFICE ADDRESS: **same**

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)FULL NAME OF INVENTOR: **GAT, Daniel**FULL RESIDENCE ADDRESS: **5 HaAarava Street, Nesher, Haifa 36863, Israel**COUNTRY OF CITIZENSHIP: **Israel**FULL POST OFFICE ADDRESS: **same**SIGNATURE OF INVENTOR _____ DATE 27 5 2007
(day / month / year)FULL NAME OF INVENTOR: **RABINOVITZ, Raphael**FULL RESIDENCE ADDRESS: **3 Ostrovski Street, Raanana 43603, Israel**COUNTRY OF CITIZENSHIP: **Israel**FULL POST OFFICE ADDRESS: **same**

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

Attorney Docket No.: P-6166-US

FULL NAME OF INVENTOR: DAVIDSON, Tal

FULL RESIDENCE ADDRESS: 4/1 Hermon Street, Yotvata 20692, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: GAT, Daniel

FULL RESIDENCE ADDRESS: 5 HaAarava Street, Nesher, Haifa 36863, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: RABINOVITZ, Raphael

FULL RESIDENCE ADDRESS: 3 Ostrovski Street, Raanana 43603, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____ DATE 28 5 2007
(day / month / year)